

Work Order ID 58353

Tuesday, May 04, 2010 8:38:17 AM

Rework



Page 1

Item ID: D3910-1

Accept



Setup Start



Revision ID:

Stop



Item Name: Crosstube Lug

Start Date: 5/4/2010 Start Qty: 1.00



Cust Item ID:

Required Date: 5/10/2010 Req'd Qty: 1.00



Customer:

Reference:

Run Start



Approvals:

Process Plan:

MF

Date:

10-5-4

Tooling:

Date:

Stop



QC:

Date:

SPC (Y/N):

Date:

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run HoursDraw
NumberDraw
Rev.Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

Draw Nbr

Revision Nbr

D3910

B

190

Chemical Conversion Coat per QSI005 4.1

1/4 0.00



HandFinish

Hand Finishing

Memo-

M114207 0.00

SCUFF AND TOUCH UP OR POWDER COAT IF NECESSARY PER QSI 005

START: 11:30AM sel 10/03/00 (X) G
Temp: 320°F
Fin 12:00pm

D3910-1 x 1 B57194.

① BL 10-5-5

200

QC3- Inspect Part Finish

0.00



QC

Quality Control

Memo

0.00

210

Identify as per dwg & Stock Location: _____

0.00



Packaging

Packaging

Memo

0.00

ID AND STOCK UNDER NEW BATCH NUMBER

C/C 10/16 ①

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

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Run Start



QC:

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Stop

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run HoursDraw
NumberDraw
Rev.Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

220

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

10/05/07 *[Signature]*
mf
10-5-6

Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

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